On the 4th of January he was able to stand and bear the weight on the leg. He now, 18th January, walks freely on it, and is about to be discharged. There is still thickening about the seat of union, but it is rapidly disappearing; the legs are equal in length.

45. *Bilateral Ankylosis of Lower Jaw: Operation.*—Dr. MAAS, of Breslau, relates in the *Archiv für Klin. Chirurg.* (Band xiii. Heft 3) the case of a man aged 27, who was admitted into hospital with ankylosis of the jaw on both sides. It had come on after an attack of scarlet fever when he was seven years old, being preceded by severe pain in the part; and since the age of ten he had not been able to move the jaw at all. The secondary dentition was attended with great difficulty in the removal of the milk-teeth; and the new teeth were irregularly developed, and for the most part were displaced laterally. The patient, on admission, was of anæmic appearance, though in moderately good condition; the lower jaw was imperfectly developed. Speech was somewhat muffled, but was quite intelligible. Not the least movement of the jaw could be produced under anæsthesia. Herr Middeldorpf operated on the right side, removing a wedge-shaped piece of bone, as recommended by Esmarch, near the angle. The result of this was the formation of a false joint, with power of opening the mouth passively to the extent of about an inch. Between four and five months later, Dr. Fischer performed a similar operation on the left side; four months after this, the patient could voluntarily open his mouth, without pain, to the extent of about an inch and a quarter, and his general condition was much improved.—*Brit. Med. Journ.*, June 1, 1872.

46. *Acute Inflammation of the Lining Membrane of the Mastoid Cells; Suppuration; Perforation of the Mastoid Wall; Recovery.*—Mr. JOHN WILKINS records (*The Practitioner*, March, 1872) two cases of this, which, as the author observes, "are interesting in many particulars; acute inflammation of the lining membrane of the mastoid cells not being a very common occurrence at any time of life, and less often seen in an adult subject where there never has existed a predisposition to ear affection; and when it does occur, the end is more often fatal than otherwise; and even in recovery, the parts have become so disorganized from destruction of bone, loss of hearing, etc., that the sufferers seldom get over for life the inconveniences arising from the attack. As a rule, it is said to be very difficult to diagnose between acute inflammation of the tympanum and that occurring in the mastoid cells; but if we possess a proper acquaintance with the anatomy of the parts, we shall see that the distinction is very marked. One great characteristic symptom of acute inflammation of the mastoid cells is the severe and continuous pain experienced at the base of the occipital region; next, we have the excruciating pain felt on slight pressure over the mastoid itself, and the tumefied condition of the integuments covering that process. There, internally, the pain is deeper-seated and comes on more in paroxysms, and there is considerable giddiness; in the worst cases drowsiness and coma. On examination of the meatus, its posterior wall, corresponding to the front wall of the mastoid cells, is peculiarly sensitive to the merest pressure; when these marked symptoms are present, and the patient gets no substantial relief from a free opening in the membrana tympani, and one through the integuments of the mastoid process to the bone, we may fairly conclude that disease exists in the cells of the latter; and, knowing that acute inflammation cannot exist long in any part without suppuration, and that pus will not remain boxed up, but will make a passage for its escape somewhere, it is only rational treatment and assisting nature to open the mastoid, immediately over the seat of the disease, to allow the escape of the matter. Though pus almost invariably has a tendency outwards, if you examine the specimen of bone I have brought here this evening, you will notice it is not unlikely that before the matter could make a passage for itself through the thick and stone-like hardness of the outer wall of the mastoid process, destruction of its inner thin plate would happen, and of course speedy death would be likely to follow. Death might also be brought about by the absorption into the system of this

fetid matter by the veins, or from sympathetic brain affection, producing abscess, etc.

The happy result of the two cases here most undeniably justified the means. I had never resorted to this operation before, and I see, on referring to Toynbee on Diseases of the Ear, that he had never performed the operation, though he had spoken favourably of the probable success which might follow it. In my two cases I feel satisfied that the operation saved the lives of both patients. To perforate the bone a strong scalpel is necessary; otherwise the knife is sure to break, as mine did in case No. 1. The inflammation has a softening effect upon the outer hard table of the process, and the bone cuts as if you were forcing an instrument through a thickish piece of India-rubber. Steady and firm pressure must be made with the instrument used, in case a sudden and unexpected jerk should force it through the thin and inner boundary wall in close proximity to the lateral sinus.

47. *Tracheotomy performed by the Galvano-caustic knife.*—M. VERNEUIL communicated to the Academy of Medicine, April 23, 1872, a case in which he had successfully operated by this method. Not more than forty or fifty drops of blood were lost. M. V. maintains that the galvano-cautery is less complicated than the écraseur; that it is very easily and conveniently managed; that the production and maintenance of the heat is readily accomplished; and finally that no process more effectually guards against the danger of hemorrhage.—*L'Movement Médicale,* April 28, 1872, and *L' Union Médicale,* April 25.

48. *New Process for Extracting Fragments of Urinary Calculi.*—M. RELIQUET communicated to the "Société Medico-Pratique de Paris," his process for extracting fragments of urinary calculi entangled in the eyes of the evacuating sound after lithotrity. It consists in injecting continuously and forcibly through the sound, a current of water while the sound is being withdrawn. This current of water fixes the fragments against the posterior border of the eyes, and then while the instrument is being withdrawn, it surrounds the prominent portions of the fragments, and at the same time distends the parietes of the urethra. By this means few fragments are left in the bladder after every operation of lithotrity, and the number of these operations required is lessened; and further, the chance of fragments being arrested in the urethra is diminished.—*L' Union Médicale,* May 23, 1872.

49. *Injection of Solution of Ergotine for Varicose Veins of the Lower Extremity.*—Dr. PAUL VOGT, Assistant Surgeon in the Out-Patient Clinic at Griefswald, encouraged by the benefit which Langenbeck and others have derived from treating small aneurisms by hypodermic injection of the solution of ergotine, determined upon trying it in varicose veins of the lower extremity. Hitherto, as the various attempts at obtaining a radical cure of this affection by producing obliteration of the veins over a certain extent has led to evils and dangers out of proportion to the affection itself, he has confined himself to palliative treatment. He refers (*Berlin, Kl. Woch.,* March 4) to a case in which an extensive varix which had occupied the leg for years yielded in the course of a week to two ergot injections (ext. sec. cornut. two parts, to sp. vini and glycerine of each seven parts), this being replaced by a hard, circumscribed infiltration, which eventually subsided. In various other cases as remarkable results have followed.

In explanation of the action of the ergot, Dr. Vogt believes that the following points are worthy of consideration: 1. From clinical and experimental observation the ergot injection produces contraction of the muscular coats of the vessels—chiefly of the arteries. Through the contraction of the calibre of the arteries thus produced (especially operative on those of medium calibre which are rich in smooth muscular fibre), less blood is carried into the veins, this lesser quantity being propelled with greater velocity. 2. The ergot also acts upon the muscular coat of the veins; for although this after years of persistent dilatation may have disappeared in many places, yet in others it is always still present. When, indeed, the varices have not been of prolonged